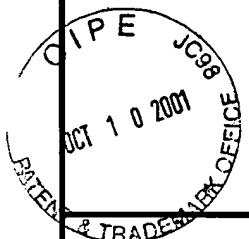


10-11-01

6P 1646

## Express Mail Mailing Label No. EL902309046US

TRANSMITTAL  
FORM

Application Serial Number	09/621,268
Filing Date	July 21, 2000
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	S. Prasad
Attorney Docket No.	LEX-007
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

**RECEIVED**

OCT 16 2001

TECH CENTER 1600/2900

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

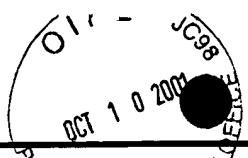
## CORRESPONDENCE ADDRESS

## SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

Date: October 10, 2001  
 Reg. No. 41,640  
 Tel. No.: (617) 248-7012  
 Fax No.: (617) 248-7100

Respectfully submitted,  
  
 Michael H. Brodowski  
 Atty/Agent for Applicant(s)  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110



Express Mail Mailing Label No. EL902309046US

**FEE TRANSMISSION  
FY 2002**

Complete if Known	
Application Serial Number	09/621,268
Filing Date	July 21, 2000
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	S. Prasad
Attorney Docket No.	LEX-007

**RECEIVED**  
OCT 16 2001  
**TECH CENTER 1600/2900**

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
3. <input type="checkbox"/> Applicant claims small entity status.				Fee Paid
<b>FEE CALCULATION</b>				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
740	Utility filing fee			
330	Design filing fee			
160	Provisional filing fee			
	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	
TOTAL: 0.00				
SMALL ENTITY DISCOUNT: 0.00				
<b>SUBTOTAL (1) (\$)</b> 0.00				
2. AMENDMENT CLAIM FEES				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 62	- 62 = 0		x \$ 18.00 =	0.00
Indep. 6	- 6 = 0		x \$ 84.00 =	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	
TOTAL: (\$0.00)				
SMALL ENTITY DISCOUNT: (\$0.00)				
<b>SUBTOTAL (2) (\$)</b> 0.00				
<b>SUBTOTAL (3) (\$)</b> 1,100.00				
<b>SUBTOTAL (1) (\$)</b> 0.00				
<b>SUBTOTAL (2) (\$)</b> 0.00				
<b>SUBTOTAL (3) (\$)</b> 1,100.00				
<b>TOTAL (\$)</b> 1,100.00				
<b>CORRESPONDENCE ADDRESS</b>				
Direct all correspondence to:		<b>SIGNATURE BLOCK</b>		
Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted,    Michael H. Brodowski  Attorney for the Applicants  Testa, Hurwitz &amp; Thibeault, LLP  High Street Tower-125 High Street  Boston, MA 02110</p>		